



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Hobart Cabinet Co.
301 E. Water
Troy, OH 45373

4. Article Number
P 037 515 466

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
1-10-90

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988

* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

545-11
KEN TINDALL

P 037 515 466

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Hobart Cabinet Co.
301 E. Water
Troy, OH 45373

| | |
|---|---------|
| Postage | \$ 1.65 |
| Certified Fee | .85 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt showing to whom and Date Delivered | .90 |
| Return Receipt showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | \$ 2.40 |
| Postmark or Date | |

CHICAGO, ILL. MAY 26 1990
USPO

45-11 KEN TINDALL

PS Form 3800, June 1985

P 303 687 688

Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Hobart Cabinet Company
301 E. Water
Troy, OH 45373

| | |
|---|--------|
| Certified Fee | 29 |
| Special Delivery Fee | 100 |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, and Addressee's Address | 100 |
| TOTAL Postage & Fees | \$ 229 |
| Postmark or Date | |

CHICAGO, ILL. MAY 26 1993
USPO

(PRL) J. KAMECKI
PS Form 3800, June 1991 HSM-SJ